



Transportation Network Driver's Certificate Application

Applications are accepted from 8:00 a.m. to 4:30 p.m. Monday – Friday at the Regulated Industries Division office. All applicants must be authorized to work in the United States. Along with a completed application, you must submit:

- Fees:
 - o A \$50 non-refundable application fee which includes a criminal background investigation, or:
 - A \$16 non-refundable application fee (you must choose a licensed background investigation company, approved by the director, to complete a criminal background investigation to qualify for a driver's certificate)
- Payment (only Cash, Money Orders, Discover, Master Card and Visa are accepted <u>checks are not accepted</u>)
- A valid State Issued Driver's License or ID
- One of the following: Social Security Card *without* employment restriction; U.S. Passport or Passport Card; Permanent Resident Card [i.e., Green Card]; Foreign Passport with I-551 stamp MRIV; Employment Authorization Card; Form I-20 accompanied by Form I-94 or Form I-94A; Form DS-2019 accompanied by Form I-94 or Form I-94A; or Form I-94; Form I-94A Arrival/Departure Record; Birth certificate issued by the U.S. Department of State; U.S. Citizen Identification Card Form I-197; or Identification Card for Use of Resident Citizen in the U.S. Form I-179. Fake, false or altered identification cards will be confiscated.

Any application which is incomplete for a period of 60 days after the date of filing shall be disapproved by the director. If an applicant requests a background check to be conducted by the city but fails to submit their correct social security number, they will be required to re-pay the fee in order to complete a second background check. There are restrictions listed under section 76-103 of the Code of Ordinances of the City of Kansas City, Missouri, that may prohibit you from receiving a driver's certificate. Please read below to determine your eligibility:

Sec. 76-103. Qualifications of applicant.

- (a) Every applicant for a driver's certificate under this division shall:
 - (1) Be 18 years of age or older and be of good moral character.
 - (2) Be of sound physique, have good eyesight and hearing and not subject to epilepsy, vertigo, heart trouble or any other infirmity of mind or body which might render him unfit to drive and operate a taxicab safely on the streets of the city.
 - (3) Be able to read, write, speak and understand the English language.
 - (4) Be clean and neat in dress and person, and not addicted to the use of intoxicating liquor or drugs.
 - (5) Hold an A, B or C, CDL license in the State of Kansas or an A, B or C CDL license or an E license in the State of Missouri. The applicant shall include the number of the CDL license on the application for the driver's certificate under this article, and shall submit a copy of the applicant's state operating record with the application.
- (b) A driver's certificate shall not be issued to any person who:
 - (1) Has been found guilty of, pleaded guilty to or been convicted of a felony (federal or any state) for first degree murder, second degree murder, first degree arson, first degree assault, forcible rape, forcible sodomy, kidnaping, first degree robbery, voluntary manslaughter, or first degree assault of a law enforcement officer.
 - (2) Has been found guilty of, pleaded guilty to or been convicted of a felony or misdemeanor (federal or any state) for sexual offenses including but not limited to first degree child molestation, second degree child molestation, sexual misconduct involving a child, first degree sexual misconduct, second degree sexual misconduct, third degree sexual misconduct, and sexual abuse.
 - (3) Is now or has ever been registered as a sexual offender with any state, county or local government.
 - (4) Within five years of the date of application has been found guilty of, pleaded guilty to or been convicted of a felony or misdemeanor or has been released from confinement for or completed probation or parole for a felony or misdemeanor conviction within one year of the date of application involving drugs or narcotics, robbery (other than first degree robbery), burglary, stealing, extortion, bribery, prostitution, any weapons offense, or crime of violence other than those set forth in (b)(1) and (2).
 - (5) Has been found guilty of, pleaded guilty to or been convicted of an ordinance violation or has been released from confinement for an ordinance conviction, whichever event is later, within two years where such finding of guilt, plea of guilt or ordinance conviction for indecent exposure, prostitution, stealing, or possession of controlled substances or illegal drugs or narcotics.
 - (6) Within five years of the date of application has been found guilty of, pleaded guilty to or been convicted of a violation of a state traffic law or a traffic ordinance of any city involving leaving the scene of a motor vehicle accident or driving under the influence of alcohol or drugs during which a person was injured or died.

- (7) Within three years of the date of application has been found guilty of, pleaded guilty to or been convicted of a violation of state law or a traffic ordinance of any city involving leaving the scene of a motor vehicle accident or driving under the influence of alcohol or drugs, but not involving injury or death.
- (8) Applies for an original driver's certificate and has been found guilty of, pleaded guilty to or been convicted of more than four moving traffic violations including operating a defective vehicle within three years of the date of application, or has been found guilty of, pleaded guilty to or been convicted of more than two moving traffic violations including operating a defective vehicle within one year of the date of application.
- (9) Applies for a renewal of a driver's certificate and has been found guilty of, pleaded guilty to or been convicted of more than five moving traffic violations including operating a defective vehicle within three years of the date of application and has been found guilty of, pleaded guilty to or been convicted of more than two moving traffic violations including operating a defective vehicle within one year of the date of application.

Answer all questions completely. If something does not apply, write NA in the blank following the question.

Name					Birth date	
	First	Middle	Last	Maiden name/Other		
Birth place			Social Sec	curity number		
Address						
	Number		Street	City/State		Zip Code
Phone			_ E-mail address			
Gender	Age	Height	Weight	Hair color	Eye color	
Missouri C	ommercial Di	river's License #			Expiration Date	»:
Kansas Dri	ver's License	#			Expiration Date	:
1. List all a	addresses whe	ere you have live	d for the past five	(5) years.		
Date From			<u>Address</u>	<u>City</u>	State	<u>Zip</u>
			16		1: 0	
				country do you hold citizens	ship?	
			nguage? \square Y			
without cau	ise, to accept	guide dogs used		no driver of a transportation questing transportation. Do No		

5. Under chapter 76, section 104, the ordinance states you must submit a declaration of medical fitness, current physical examination or a written statement on official letterhead from a medical professional who is listed on the National Registry of Certified Medical Examiners stating you are of sound physique, has good eyesight and hearing and is not subject to epilepsy, vertigo, heart trouble or any other infirmity of mind or body which might render you unfit to drive and operate a transportation network vehicle safely on the streets of the city.

Address			Company Name					
Address	Number	Street	City/State	Apart	ment #	Zip Code		
Phone #	Phone # How long have you been with this company?							
		No If yes, provide the follow	icab, livery, transportation network, or sight-see If yes, provide the following information. <u>Date certificate denied/revoked</u>		eing driver's certificate which has Reason Denied or Revoked			
Has your chauf ne following infor		cense ever been suspended or re	evoked by any state?	☐ Yes	□ No	If yes, provid		
Date Suspend	led/Revoked	City	<u>State</u>		Zip			
List all traffic c	onvictions for the	e last Five (5) years.						
<u>Date</u>	Convic	ction/Charge	<u>City</u>			<u>State</u>		
O. Check all of the	ne following wher	re you have been found guilty or	f, plead guilty to, or be	een convic	ted of a f c	elony:		
First degree mu		egree murder First degree ars robbery Voluntary manslau						
NA Check all of	the following wl	here you have been found gui	lty of, plead guilty to	, or been	convicted	d of a felony		
NA Check all of nisdemeanor: First degree chill First degree sex	ld molestation	□ Second degree child moles □ Second degree sexual misc □ Other unlisted sexual offer	tation Sexual onduct Third do	nisconduc egree sexu	t involvin al miscon	g a child duct		
NA Check all of nisdemeanor: First degree chill First degree sex Sexual abuse	ld molestation ual misconduct	☐ Second degree child moles ☐ Second degree sexual misc	tation Sexual onduct Third do	nisconduc egree sexu	t involvin al miscon	g a child duct		
NA Check all of nisdemeanor: First degree chill First degree sex Sexual abuse Are you now of	ld molestation ual misconduct	☐ Second degree child moles ☐ Second degree sexual misc ☐ Other unlisted sexual offer peen a registered sex offender?	tation	misconduc egree sexu	t involvin al miscon	g a child duct		

Date Conviction/Charge City State Circle A or I	14. Are you pre	sently on probati	ion? L Yes	☐ No Are yo	ou presently on parc	ole? ∐ Yes ∐ No	
Address	If you are co	urrently on parol	e, provide the follo	owing information:			
Address Number Suret City State Zip Code When does your probation/parole expire?	Parole Office	cers Name	First	I ast	Phone		
When does your probation/parole expire?							
15. List all alcohol and/or drug related convictions. Circle (A) for alcohol or (D) for drug related. Date	1 Idd10 55	Number	Str	eet	City/State	Zip Code	
Date Conviction/Charge City State Circle A or I	When does	your probation/p	arole expire?		Attach letter from	m your Probation /Par	ole Officer.
A or I Buttes By Whom City State Circle A or I Branch: Type of discharge: Date: I have read and completed this application in its entirety and by evidence of my signature below, I understand that furnishin false or incomplete information on this application fee once the application and parole agencies, and any other government agencies, to release all information pertaining to any traffic or criminal record, and also any information concerning my operation of a transportation network vehicle from any such agence and any holder of a transportation network company permit, to the City of Kansas City, Missouri. Applicant's Signature: Date: Office use only Did the criminal background investigation or the driving record check prohibit the applicant from receiving driver's' certificate? A or I A paproved Denied	15. List all alco	hol and/or drug r	elated convictions	s. Circle (A) for alc	ohol or (D) for dru	g related.	
A or I A or I A or I A or I 16. Have you ever been treated or directed to be treated for alcohol or drug abuse? If yes, specify and circle (A) for alcohol or (D) for drug related: Dates By Whom City State Circle A or I A or I A or I Type of discharge: Date: Date: Type of discharge: Date: Date: Date: I have read and completed this application in its entirety and by evidence of my signature below, I understand that furnishin false or incomplete information on this application fee once the application and the application fee or each application and the application fee or each application and parole agencies, and any other government agencies, to release all information pertaining to any traffic or criminal record, and also any information concerning my operation of a transportation network vehicle from any such agence and any holder of a transportation network company permit, to the City of Kansas City, Missouri. Applicant's Signature: Date: Office use only Did the criminal background investigation or the driving record check prohibit the applicant from receiving driver's' certificate? Yes \Boxedon A driver's certificate was \Boxedon Approved \Boxedon Denied	<u>Date</u>		Conviction/Charg	<u>ge</u>	<u>City</u>	<u>State</u>	Circle
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or (D) for drug related: Dates By Whom City State Circle A or I A or I A or I 17. Have you ever served in the Military? Yes No Country: Branch: Type of discharge: Date: I have read and completed this application in its entirety and by evidence of my signature below, I understand that furnishin false or incomplete information on this application is grounds for denial of certificate according to section 76-111. By choosing to ask the director to conduct the criminal background investigation, I hereby authorize law enforcemen probation and parole agencies, and any other government agencies, to release all information pertaining to any traffic or criminal record, and also any information concerning my operation of a transportation network vehicle from any such agenciand any holder of a transportation network company permit, to the City of Kansas City, Missouri. Applicant's Signature: Date: Office use only Did the criminal background investigation or the driving record check prohibit the applicant from receiving driver's' certificate? Yes No							A or D
A or I Thave you ever served in the Military? Yes No Country:			or directed to be tr	eated for alcohol o	r drug abuse? If yes	s, specify and circle (A)	for alcohol
A or I A or I A or I 17. Have you ever served in the Military? Yes No Country:	<u>Dates</u>		By Whom		<u>City</u>	<u>State</u>	<u>Circle</u>
A or E 17. Have you ever served in the Military?							A or D
A or E 17. Have you ever served in the Military?							A or D
A or E 17. Have you ever served in the Military?							
Branch: Type of discharge: Date:							A or D
I have read and completed this application in its entirety and by evidence of my signature below, I understand that furnishin false or incomplete information on this application is grounds for denial of certificate according to section 76-111. understand that there is no refund of the application fee once the application and the application fee has been submitted. By choosing to ask the director to conduct the criminal background investigation, I hereby authorize law enforcemen probation and parole agencies, and any other government agencies, to release all information pertaining to any traffic or criminal record, and also any information concerning my operation of a transportation network vehicle from any such agence and any holder of a transportation network company permit, to the City of Kansas City, Missouri. Applicant's Signature: Date: Office use only Did the criminal background investigation or the driving record check prohibit the applicant from receiving driver's' certificate? Yes No A driver's certificate was Approved Denied							
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Process by Date / / Certificate #	A driver's cert	ificate was	Approved	☐ Denied			
	Process by		Date	//	Certificate #		